

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
MEDICAL ASSISTANCE PROGRAM

ATTACHMENT 4.19 B  
Item 17, Page 2

STATE OF LOUISIANA  
PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICES

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES--OTHER TYPES OF CARE SERVICE LISTED IN SECTION 1905 (A) OF THE ACT THAT IS INCLUDED IN THE PROGRAM UNDER THE PLAN ARE DESCRIBED AS FOLLOWS:

Citation

42 CFR            Medical and Remedial  
440.165        Care and Services  
450.30            Item 17

Billing the agency for services rendered is the responsibility of the certified nurse-midwife.

If a physician is not called in, no physician may be paid. If a physician is called in, it will be the responsibility of the physician and the certified nurse-midwife to determine who bills the Agency for respective services rendered. In no case will the Medical Assistance Program pay twice for the same service.

STATE <u>LA</u>	A
DATE REC'D <u>5/25/84</u>	
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DATE EFF <u>5/01/84</u>	
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TN# New

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
MEDICAL ASSISTANCE PROGRAM

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18(d)

STATE OF LOUISIANA

PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICES

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES--OTHER TYPES OF CARE OR SERVICE LISTED IN SECTION 1905 (A) OF THE ACT THAT IS INCLUDED IN THE PROGRAM UNDER THE PLAN ARE DESCRIBED AS FOLLOWS:

Citation      Medical and Remedial  
42 CFR          Care and Services  
440.170(A)

Item ~~17~~.d.  
18

Skilled nursing facility services for patients under 21 years of age are reimbursed as follows:

I. Methods of Payment

(Same as Attachment 4.19-D)

II. Standards for Payment

(Same as Attachment 4.19-D)

TN # 82-15

Approval  
Date MAY 17 1982

Effective  
Date JAN 31 1982

Supersedes  
TN # NONE

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
MEDICAL ASSISTANCE PROGRAM  
STATE OF LOUISIANA

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METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES - OTHER TYPES OF CARE OR SERVICE LISTED IN SECTION 1905 (A) OF THE ACT THAT ARE INCLUDED IN THE PROGRAM UNDER THE PLAN ARE DESCRIBED AS FOLLOWS:

<u>CITATION</u>	Medical and Remedial	<u>OPTIONAL TARGETED CASE MANAGEMENT SERVICES</u>
42 CFR	Care and Services	
447.201	Item 19	<u>REIMBURSEMENT METHODOLOGY</u>
447.302		

Reimbursement is a fixed monthly rate specific to each type of case management as follows:

Mentally Retarded/Developmentally Disabled Waiver  
Recipients: Negotiated provider specific monthly rate per contract provisions

Infants and Toddlers: \$115 per month

High Risk Pregnant Women: \$59 per month

HIV Infected: \$99 per month

Payments made to providers do not duplicate payments for the same or similar services furnished by other providers or under other authority as an administrative function or as an integral part of a covered service.

Reimbursement is not available for case management services that are furnished to recipients without charge by any other agency or entity. With the statutory exceptions of case management services included in Individualized Educational Programs (IEP'S) or Individualized Family Service Plans (IFSP'S) and services furnished through Title V public health agencies, payment for case management services cannot be made when another third party payor is liable, nor may payments be made for services for which no payment liability is incurred by the recipient.

A	
STATE	<i>Louisiana</i>
DATE REC'D	<i>3-29-99</i>
DATE APP'D	<i>6-10-99</i>
DATE EFF	<i>3-1-99</i>
HCFA 129	<i>99.06</i>

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
MEDICAL ASSISTANCE PROGRAM  
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METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES - OTHER TYPES OF CARE OR SERVICE LISTED IN SECTION 1905 (A) OF THE ACT THAT ARE INCLUDED IN THE PROGRAM UNDER THE PLAN ARE DESCRIBED AS FOLLOWS:

<u>CITATION</u>	Medical and Remedial	A face-to-face contact must be provided each month in order to
42 CFR	Care and Services	qualify for payment. When less than the monthly minimum
447.201	Item 19	volume of services are provided, the initial hour shall include
447.302		the face-to-face contact. When the monthly minimum volume
		of services are provided, the face-to-face contact may occur
		later in the monthly services if clinically appropriate.

Following are additional requirements specific to each type of prior authorized case management:

A. Mentally Retarded/Developmentally Disabled Individuals Age 3 Years and Older and Adults

A maximum of one 1-hour unit and 8 15-minute units are payable each month. Total monthly payment shall not exceed \$147. Two home visits are required in a six (6) month period.

B. Developmentally Disabled Infants and Toddlers

A maximum of one 1-hour unit and 4 15-minute units are payable each month. Total monthly payment shall not exceed \$115. Two home visits are required in a six (6) month period.

STATE <u>Louisiana</u>		A
DATE REC'D	<u>03-28-97</u>	
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DATE EFF	<u>03-13-97</u>	
HCFA 179	<u>97-06</u>	

TN# 97-06 Approval Date 5/13/97 Effective Date 3/13/97  
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TN# 96-41

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METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES - OTHER TYPES OF CARE OR SERVICE LISTED IN SECTION 1905 (A) OF THE ACT THAT ARE INCLUDED IN THE PROGRAM UNDER THE PLAN ARE DESCRIBED AS FOLLOWS:

CITATION  
42 CFR  
447.201  
447.302

Medical and Remedial  
Care and Services  
Item 19

IV. REIMBURSEMENT FOR CASE MANAGEMENT THAT IS NOT PRIOR AUTHORIZED

A. Persons Infected with HIV

A minimum of two (2) hours of documented case management services in each month in which services are billed. The two hours must include one (1) face-to-face contact with the recipient in addition to case management activities such as assessment, service plan development/update, linkage to services and follow up/monitoring. A home assessment is a required component of the initial assessment for HIV case management services.

Initial hour and 15-minute reimbursement is not applicable to HIV case management. Payment rate for a month during which the minimum service requirements are met is \$99.

B. High Risk Pregnant Women of the Metropolitan New Orleans Area

A minimum of one (1) hour of documented case management services in each month in which services are billed. This must include one (1) face-to-face contact with the recipient in addition to case management activities such as assessment, service plan development/update, linkage to services and follow up/monitoring. A home assessment is a required component of the initial assessment for high-risk pregnant women case management services. Additionally, the following contacts are required:

STATE	<u>Louisiana</u>
DATE REC'D	<u>JUN 26 1996</u>
DATE APP'D	<u>AUG 16 1996</u>
DATE EFF	<u>APR 01 1996</u>
HCFA 179	<u>96-12</u>

A

TN# 96-12 Approval Date 08/16/96 Effective Date 04/01/96  
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MEDICAL ASSISTANCE PROGRAM  
STATE OF LOUISIANA

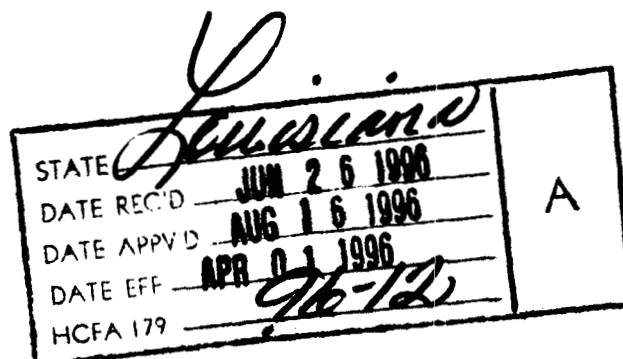
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METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES - OTHER TYPES OF CARE OR SERVICE LISTED IN SECTION 1905 (A) OF THE ACT THAT ARE INCLUDED IN THE PROGRAM UNDER THE PLAN ARE DESCRIBED AS FOLLOWS:

<u>CITATION</u>	Medical and Remedial	
42 CFR	Care and Services	
447.201	Item 19	a) a minimum of monthly verbal contact with the recipient's obstetrician or his staff;
447.302		b) weekly verbal contact with the recipient beginning with her 37th week of pregnancy until the delivery;
		c) quarterly home visits with the recipient;
		d) weekly contact with other service providers and/or informal supports; and
		e) a postpartum home visit to be made within 10 to 14 calendar days after delivery focusing on postpartum concerns and infant care.

Initial hour and 15-minute reimbursement is not applicable to High Risk Pregnant Women case management because the minimum service provision required for monthly rate reimbursement is one hour. Payment rate for a month during which the minimum service requirements are met is \$57.

In addition, high-risk pregnant women case management providers are reimbursed for one assessment fee per pregnancy, payable at a negotiated rate of \$130.



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TN# 96-02

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
MEDICAL ASSISTANCE PROGRAM  
STATE OF LOUISIANA

Attachment 4.19-B  
Item 19.b., Page 1

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES - OTHER TYPES OF CARE OR SERVICE LISTED IN SECTION 1905 (A) OF THE ACT THAT ARE INCLUDED IN THE PROGRAM UNDER THE PLAN ARE DESCRIBED AS FOLLOWS:

CITATION  
1902(z)(2) of  
the Act

Medical and  
Remedial  
Care and Services  
Item 19

SPECIAL TUBERCULOSIS-RELATED SERVICES FOR  
TUBERCULOSIS-INFECTED INDIVIDUALS

I. Reimbursement Methodology

- A. Reimbursement for comparable services (physician, pharmacy, laboratory and x-ray, rural health clinics, Federally Qualified Health Centers, outpatient hospital services and clinic services) provided to individuals infected with tuberculosis (TB) is made according to established regulations and policy for the reimbursement of these services under the Medicaid Program
- B. Directly Observed Therapy is paid at a negotiated prospective fee for service rate. The rate is based on an average cost per week per patient derived from Office of Public Health's historical experience in treatment of TB-infected individuals. The average cost per week per patient is multiplied by 26 weeks to determine the average cost per six months, and divided by 62 visits to determine the average cost per visit. This methodology resulted in a rate of \$25.16 per observation.

II. Standards for Participation

- A. Providers of comparable services (physician, pharmacy, laboratory and x-ray, rural health clinics, Federally Qualified Health Centers, outpatient hospital services and clinic services) provided to individuals infected with tuberculosis (TB) are the same providers who provide comparable services to persons eligible for Medicaid under other mandatory or optional provisions.

STATE <i>Louisiana</i>	A
DATE <i>SEP 25 1995</i>	
DATE <i>JUN 24 1996</i>	
DATE <i>AUG 8 1995</i>	
HCFA <i>95-23</i>	

TN# *95-23* Approval Date *6/24/96* Effective Date *8/1/95*  
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TN# *Time-New Page*

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
MEDICAL ASSISTANCE PROGRAM  
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METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES - OTHER TYPES OF CARE OR SERVICE LISTED IN SECTION 1905 (A) OF THE ACT THAT ARE INCLUDED IN THE PROGRAM UNDER THE PLAN ARE DESCRIBED AS FOLLOWS:

<u>CITATION</u>	Medical and	B. Providers of Directly Observed Therapy are enrolled
1902(z)(2) of	Remedial	Tuberculosis Control Centers as specified in
the Act	Care and Services	Attachment 4.19-B, Item 9.
	Item 19	

STATE <u>Louisiana</u>	A
DATE REC'D <u>SEP 25 1995</u>	
DATE APP'D <u>JUN 24 1996</u>	
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STATE OF LOUISIANA

PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICES

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES — OTHER TYPES OF CARE OR SERVICE LISTED IN SECTION 1905 (A) OF THE ACT THAT IS INCLUDED IN THE PROGRAM UNDER THE PLAN ARE DESCRIBED AS FOLLOWS:

Citation Medical and Remedial Pregnancy-related and postpartum services  
42 CFR Care and Services for 60 days after the pregnancy ends.  
447.201 Item 20.a.

Risk Assessments for Pregnant Women

Reimbursement for risk assessment for high-risk pregnant women is based on the same methodology used for establishing physician fees for state, federal, and AMA assigned procedure codes (See Attachment 4.19-B, Item 5).

For other obstetrical codes and applicable rates see Item 5.

STATE <u>LA</u>	A
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DATE EFF <u>4-1-90</u>	
HCFA 179 <u>90-9</u>	

TN No. 90-9 Approval Date 5-30-90 Effective Date 4-1-90  
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TN No. 89-25

STATE PLAN UNDER TITLE XIX OF THE SOCIAL  
SECURITY ACT MEDICAL ASSISTANCE PROGRAM

Attachment 4.19-B  
Item 23

STATE OF LOUISIANA

PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICES

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES -- OTHER TYPES  
OF CARE OR SERVICES LISTED IN SECTION 1905(a) OF THE ACT THAT IS INCLUDED  
IN THE PROGRAM UNDER THE PLAN ARE DESCRIBED AS FOLLOWS:

42 CFR 447.201

MEDICAL AND REMEDIAL CARE AND SERVICES  
Item 23

PEDIATRIC OR FAMILY NURSE PRACTITIONERS' SERVICES

Reimbursement for services is based on the same methodology used  
for establishing physician fees for state, federal, and CPT assigned  
procedure codes (See Attachment 4.19-B, Item 5).

STATE <u>Louisiana</u>	A
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DATE <u>05-13-97</u>	
DATE <u>01-01-97</u>	
HCFA 179 <u>97-07</u>	

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Supersedes  
TN# 94-14, Attachment 4.19-B, Item 21  
00-71 " " " " " " " " " "